



January 2005

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Through the lens of Merleau-Ponty: advancing the phenomenological approach to nursing research

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Abstract

Phenomenology has proved to be a popular methodology for nursing research. I argue, however, that phenomenological nursing research could be strengthened by greater attention to its philosophical underpinnings. Many research reports devote more page space to procedure than to the philosophy that purportedly guided it. The philosophy of Maurice Merleau-Ponty is an excellent fit for nursing, although his work has received less attention than that of Husserl and Heidegger. In this paper, I examine the life and thought of Merleau-Ponty, with emphasis on concepts, such as perception, intentionality and embodiment, which have particular relevance to the discipline of nursing.

Keywords: phenomenology, Merleau-Ponty, perception, intentionality, embodiment, nursing research.

How remote from their clumsy pride was the task which they considered insignificant and left in dust and must – the task of description – although the subtlest fingers and senses can scarcely be subtle enough for it. (Friedrich Nietzsche)

Phenomenological research methodology is devoted to that 'task of description' of which Nietzsche spoke. When well written, the report of a phenomenological study can move readers to tears. Such a report can take clinicians into the lifeworld of their patients in a deeper way, often producing astonishment as well as empathy and compassion. Nursing studies conducted from a phenomenological stance have yielded com-

elling descriptions of the lived experience of diverse disease conditions (e.g. addiction, anorexia, arthritis, cancer) and symptoms (e.g. air hunger, chronic pain, urinary incontinence), as well as more elusive phenomena such as courage and caring (Koch, 1995; Carpenter *et al.*, 1999). I argue, however, that phenomenological nursing research could be strengthened by greater attention to its philosophical underpinnings. The work of Maurice Merleau-Ponty provides an excellent philosophical base for advancing nursing research, and I seek to kindle excitement about it among other scholars. I begin by describing my personal odyssey as a researcher.

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Discarding the mechanistic lens

For much of modern nursing's history, medicine's mechanistic lens for seeing phenomena also was nurs-

ing's lens. Patients' bodies were viewed as malfunctioning machines and their complaints as problems to be solved using a linear hypothetico-deductive thought process. Likewise, nursing research proceeded from specifying a 'problem' to operationalizing discrete, measurable variables such as 'stress', to statistical testing of the null hypothesis (Thomas & Pollio, 2002). I became dissatisfied with this approach when my programme of research began to focus on women's stress and anger. For example, no questionnaire measures women's vicarious stress, which proved to be the stressor of greatest magnitude for women in a study by my research team (Thomas, 1993). Study participants had completed a well-validated and reliable stress instrument, but an open-ended question ultimately revealed the shortcomings of this instrument. The open-ended question, added almost as an afterthought, permitted the women to describe their greatest distress in their own words.

What most troubled my study participants were events happening to their significant others, such as the impending divorce of a son, job problems of a husband, illness of a sister or friend. In these stressful circumstances the women suffered empathically along with their loved ones but had little or no control over what was transpiring. Vicarious stress was not amenable to traditional stress management strategies directed toward marshalling personal resources and gaining mastery. It fuelled a chronic, impotent anger. I realized that the nature of this stress, and the concomitant anger, of these women would not have been revealed by any of the commonly utilized instruments. To understand what they felt, I needed to plumb the complexities of their relational commitments to partners, friends, and extended families. I needed to invite them to describe their experience in an unfettered manner, telling their stories of emotional distress with all the inherent messiness that cannot be neatly operationalized and factor-analysed.

Experiences such as this led me to phenomenological methodology. Before the ink was dry on my first book about women's anger (Thomas, 1993), based largely on quantitative research data, I had formed a new research team and plunged into phenomenological investigation. I was soon stunned by the realization that the quantitative project had completely

missed an essential dimension of women's anger experience: the intermingling of deep hurt with their anger. Women often said, 'I don't know if I'm more angry or hurt; I'm hurt and angry.' (Thomas *et al.*, 1998) The hurt emanated from violations of an implicit relational contract that women understood to be present between themselves and their significant others. What women expected was reciprocity in their close relationships. When others let them down, their emotional response was an amalgam of painful feelings – feelings that were often suppressed for fear of alienating intimates or causing relationship termination. These research findings had significant implications for extant cognitive-behavioural anger management interventions, none of which addressed these complexly interwoven aspects of women's anger. None of the 'valid and reliable' anger instruments had permitted discovery of these findings.

So I became a 'convert' to phenomenology, but well aware of my limitations and hungry for greater knowledge. Long a reader of existential philosophers such as Kierkegaard, Camus, and Sartre, I felt comfortable with existential tenets. But I had been trained solely as a quantitative researcher. What did I know about qualitative research methodology? What did I know about phenomenology? It is said that when the learner is ready, the teacher will appear. I had actually taken a course in existential phenomenology as a doctoral student and enjoyed my first dabbling in the work of Merleau-Ponty (Merleau-Ponty, 1945), but at the time I was thoroughly captivated by beta weights, Bonferronis and significant Fs. As the years passed, sometimes I would see my teacher around campus. He would ask what I was studying, and he would gently suggest that phenomenological interviews might be revelatory. Finally, I heard what he was saying. One day, 15 years after the first course, I enrolled in his class again, and Merleau-Ponty now made so much more sense. I experienced an epiphany. I was home. I have been immersed in existential phenomenology ever since, at first a mere novice in my professor's weekly research group, then a collaborator, and finally a coleader. Our interdisciplinary group has been meeting weekly for 12 years now. There is something very special about our Tuesday afternoon meetings. About 15–20 faculty

and students from nursing, education, psychology, geography, exercise science and other disciplines gather together for the reading of phenomenological interview transcripts. Enthusiasm about our approach has been kindled in dozens of colleagues and students, some of whom contributed to our 2002 book, *Listening to Patients* (Thomas & Pollio, 2002).

Why choose phenomenology for the study of emotion?

I contend that only within existential phenomenology has emotion been given a central place in human existence (Heidegger, 1927; Sartre & Frechtman, 1939). Earlier philosophies tended to view emotion as inferior to reason; being 'emotional' led to mistakes, madness and sin. Within existential phenomenology, the various forms of being emotional are viewed as diverse ways of being-in-the-world (Fischer *et al.*, 1989), and the phenomenologist is interested in their meanings. Sartre was one of the first to offer an account of emotion, proposing that emotion is the way consciousness changes the world from deterministic to magical (Sartre, 1939). For example, an emotion like anger could be used strategically, to achieve one's ends when faced with the struggles and difficulties of a deterministic world. Emotions are *gestalts* that move us to action; they cannot be reduced to physiological alterations or motor behaviours (Sartre, 1939). Yet much contemporary research focuses on discrete aspects of emotion such as changes in facial musculature or neurotransmitters. Pribram has commented on this trend, 'It was not so very long ago that I attended a symposium on "emotion" at an international congress in Madrid. The participants discussed factor analysis, limbic neuroanatomy, and operant conditioning. Somewhere in the agenda emotions were hidden from view, lurking in the dark alleys of our ignorance. No one even dared use the term' (Pribram *et al.*, 1980, p. 246). It is time to uncover the meanings of anger, stress and depression from the first-person perspective of individuals experiencing these feelings. Perhaps they have value and purpose. Existential phenomenology offers a way to engage in respectful dialogue with people and glean richly nuanced and

contextualized descriptions of their emotions. While other qualitative approaches employ a dialogical method, what is unique here is the specific philosophical lens.

Choosing the specific philosophical lens for the study of emotion

To enable me to see emotional phenomena freshly, I chose a new lens derived from the philosophy of Maurice Merleau-Ponty (Merleau-Ponty, 1945). I liked his antireductionist and antipositivist stance. I liked his explicit rejection of Cartesian mind-body dualism. He contended that the 'I' which thinks is inseparable from his body and his lived situation; a person is an indissoluble unity. In contrast to Heidegger, whose focus was on the abstract nature of being, Merleau-Ponty was concerned with a science of human beings (Cohen, 1987). The specific aim of his phenomenology was to give a direct description, not a causal explanation, of experience. Merleau-Ponty exhorted us to examine the immediacy of experience before it is objectified by science. He believed that true philosophy is relearning to see the world. Thus, he urged us to be astonished by the world, to see it with open and wondering eyes.

Merleau-Ponty (1908–61) was a contemporary of philosophical luminaries such as Husserl, Sartre, and Heidegger. In early 20th century Europe, immersed in the horror of two world wars being fought in their own lands, it is not surprising that these German and French philosophers were grappling with issues of anxiety, death, freedom, responsibility and the very meaning of human existence. A remote and abstract philosophy could no longer be satisfying to them. Their personal experiences undoubtedly provided impetus for their philosophical musings. Thus, it is important to note that Merleau-Ponty served in the French army in World War II and suffered imprisonment and torture by the Germans (Thomas & Pollio, 2002). Just as we must seek to understand the situational context of our research participants' – and patients' – experiences, so also we must consider the writings of phenomenological philosophers in light of the war-torn lifeworld into which they had been thrust. For that

reason, we will delve further into key events of Merleau-Ponty's life a bit later.

Origins and evolution of phenomenology

Phenomenology had originated in German philosophy but soon gained adherents in other European countries such as France, Belgium and Holland. The historical evolution of the phenomenological movement has been ably traced by others (Spiegelberg, 1981; Cohen, 1987; Reeder, 1987). The movement has been characterized as a 'set of waves' (Reeder, 1987) in a vast groundswell of 'antireductionist and anticonstructionist' thinking that had begun in the nineteenth century (Spiegelberg, 1981, p. xi). No unity was achieved within this European intellectual movement, although there was a common aversion to the prevailing mechanistic research paradigm of the behaviourists. Much of the European work was unknown for some time in the English-speaking world, including that of Merleau-Ponty, whose work was first translated into English relatively recently in 1962 (Merleau-Ponty, 1945).

Phenomenology in nursing

Articles on phenomenology began to appear in the nursing literature in the 1970s, with early treatises by Paterson & Zderad (1976), Parse (1981), Oiler (1982) and Omery (1983). Over the ensuing decades, phenomenology has become quite popular. Although a number of nurses now call themselves phenomenologists, there is considerable diversity amongst us. According to Caelli (2000), 18 different forms of phenomenology have been identified. Dominant within nursing literature have been Husserlian phenomenology, Heideggerian phenomenology and variants of the 'Dutch school'. What nurses in America, Australia and other western countries are doing today under the putative umbrella of phenomenology is very different from the solitary reflections of twentieth century European philosophers. While Crotty (1996) accused contemporary nurse scholars of misinterpreting European phenomenological philosophy, Caelli (2000) contended that deliberate choices were made

to develop new ways of applying phenomenological philosophy to inquiry. Drew (2001, p. 16), speaking of the legacy of Husserl's ideas, reminded us that it is the task of researchers to decide 'how ... philosophic ideas are put into action'. Silverman (1987, p. 6) commended the new generation of American phenomenological researchers who are marking out 'clear and original paths'. But clarity regarding these 'paths' is lacking in many published reports of phenomenological nursing research. To wit, the link between procedural aspects of a study and its philosophical underpinnings is often unclear to the reader. Despite the lip service paid to Husserl, Heidegger and other philosophers by nurse researchers, many reports of phenomenological research devote more page space to procedure than to the philosophy that purportedly guided it (Porter, 1998). There is no mention of the underlying philosophical perspective in some research reports. For example, a researcher may speak of using Colaizzi's 'steps' (Colaizzi *et al.*, 1978), making no reference to the Husserlian inspiration for his analytic scheme. Especially popular within nursing has been this set of steps developed by Colaizzi, a psychology graduate student, while doing his 1973 doctoral dissertation on learning at Duquesne (Colaizzi, 1973). Nursing's prolonged allegiance to Colaizzi is puzzling. Other than a book chapter in a 1978 text by Valle and Halling (Colaizzi *et al.*, 1978), I find no evidence that Colaizzi ever published anything else. Apparently he did not remain active in phenomenological scholarship.

Six years ago, Porter (1998, pp. 26, 27) called upon nurse scholars to 'demonstrate allegiance to our chosen philosophies rather than adherence to procedure'. She described her own experience of 'being inspired' by Husserl. I have been similarly inspired by the works of Merleau-Ponty. Elsewhere, with my mentor Howard Pollio, I have written about procedural aspects of the phenomenological research method that was developed at the University of Tennessee (Thomas & Pollio, 2002) and first introduced by Pollio *et al.* (1997). Here, I focus mainly on the philosophy that guides our work. I examine the life and thought of Maurice Merleau-Ponty, with emphasis on the material of particular relevance to my programme of research and to the discipline of nursing.

My hope is that this introduction to the man and his ideas will stimulate other nurse scholars to seek additional information. We begin by examining biographical data regarding the key events and people who influenced his philosophy.

A brief biography of Merleau-Ponty

Curiously, given his international prominence, there is no book-length biography of Merleau-Ponty. The facts that follow were gleaned, bit by bit, from a variety of sources. Maurice Merleau-Ponty was born on the west coast of France in 1908. War touched his life early, as his father, an army officer, was killed in action during World War I. Despite the loss of his father, his childhood, spent living with his mother and one sister, was said to be idyllic (McBride *et al.*, 2001). He was educated in the French *lycee* system and then studied philosophy at the Ecole Normale Supérieure in Paris, where he conducted postgraduate work on the nature of perception and met Sartre, a profound influence on his life (Priest, 1998). The remainder of his life was spent as a teacher in the *lycee* system and in various universities. Along with Sartre and other French philosophers, he began his career studying the work of Husserl (Moran, 2000). He heard Husserl lecture in 1929 and later travelled to the Husserlian Archives to examine unpublished papers. Although he ultimately rejected certain aspects of Husserl's thought, he retained Husserl's descriptive approach to phenomena and combined it with an existential ground, deriving, in part, from Heidegger (Thomas & Pollio, 2002). His existentialist ideas are also attributed to his close association with Sartre and Camus (Priest, 1998). The relationship with Sartre has been the topic of numerous essays. According to most accounts, the two men greatly enjoyed matching wits in long intellectual discussions. While in agreement about many points, Merleau-Ponty was more concerned with science than was Sartre (Cohen, 1987).

Although some say that Merleau-Ponty was himself a behaviourist – having once uttered kind words about John Watson (Pollio *et al.*, 1997) – his first book took issue with behaviourism. In *The Structure*

of Behaviour (Merleau-Ponty, 1942), he asserted that no piece of behaviour may be reduced to its alleged parts. He pointed out the ambiguity of behaviour, contending that any behaviour may be given various interpretations from the perspective of the actor or the third person observer (Priest, 1998). Ambiguity was to become a continuing thread throughout his work. Later, he explained that ambiguity prevails both in perception and in self-knowledge. Time itself is not an objective dimension of the world, but is ambiguous.

In his most famous book, *The Phenomenology of Perception* (hereafter abbreviated as *PP*) (Merleau-Ponty, 1945), Merleau-Ponty devoted painstaking attention to everyday human activities and situations. This focus was divergent from traditional philosophy. In *PP*, he sought to refute both empiricism and what he called 'intellectualism', which is more commonly termed idealism. Empiricism is flawed because it ignores the subjective; intellectualism is flawed because things are only understood intellectually, and the world is reduced to ideas. In the words of Merleau-Ponty, 'empiricism cannot see that we need to know what we are looking for, otherwise we would not be looking for it, and intellectualism fails to see that we need to be ignorant of what we are looking for, or equally again we should not be searching' (Merleau-Ponty, 1945, p. 28). We will have more to say about *PP* later.

The outbreak of World War II disrupted Merleau-Ponty's research and greatly affected his view of freedom and other people. He concluded that everyone is compromised in war (Moran, 2000). In his role as a second lieutenant in the infantry, he was required to call for artillery barrages or air attacks on enemy positions. As noted earlier, he was captured and tortured by the Germans. After the war, in *Sense and Nonsense* (Merleau-Ponty, 1948), he wrote movingly of the changes in his values that ensued from these experiences. In *Humanism and Terror*, he wrote about what it means to be a collaborator, a traitor, or a revolutionary (Merleau-Ponty, 1947). In the early postwar years, he became involved in radical politics. In 1945 Merleau-Ponty and Sartre collaborated in founding a

journal. In Sartre's words, 'We [were] hunters of meaning, we would speak the truth about the world and about our own lives' (Moran, 2000, p. 397). Deploring capitalism's protection of privileged groups, the two philosophers sought answers in Marxism and Communism. But Merleau-Ponty began to view Sartre's support of Stalin with dismay. By 1952, significant differences between the two caused an acrimonious split, with Merleau-Ponty resigning from the journal staff. One bone of contention was the journal's propensity for taking what Merleau-Ponty called 'on-the-fly' positions about political events. He felt that the journal should maintain a more philosophical tone, i.e. 'try to reach the reader's head rather than heart' (Belay & Davis, 2001, p. 42). The immediate impetus for Merleau-Ponty's resignation, however, was Sartre's stated intent to prevent the journal from publishing one of his essays.

As Merleau-Ponty became increasingly disillusioned with both Marxism and Communism, withdrawing from the political fray, Sartre accused him of abdicating his responsibility. Recently translated letters are illuminating (Belay & Davis, 2001). In a 1953 letter, Sartre chided: 'I blame you ... for abdicating in the midst of circumstances where you have to decide as a man, as French, as citizen, and as intellectual – by taking your "philosophy" as an alibi' (Belay & Davis, 2001, p. 35). In his response, Merleau-Ponty asserted, 'I have never wavered on my wish to do philosophy, and I told you so, one day around 1948, when you asked me why I did not give up teaching. ... I have decided, since the Korean War, to stop writing on events as they happen' (Belay & Davis, 2001, p. 40). The split between the two men was emotionally painful for both, as shown in their 1953 letters. Merleau-Ponty deplored the 'glacial tone' and 'irate tone' Sartre used when making comments to him about his recent lectures and essays. Sartre defended himself by saying, 'If I might have seemed glacial, it is because I have always had a sort of shyness when it comes to congratulating' (Belay & Davis, 2001, p. 56) and he admitted that 'I am unhappy that we disagree' (Belay & Davis, 2001, p. 57). Interested readers may want to seek out this exchange of letters between the two philosophers,

which provide not only some insight into what Sartre called the 'emptying of the abscess' in their strained personal relationship (Belay & Davis, 2001, p. 55) but also a glimpse of the tensions in the world in the first phase of the Cold War.

In 1953, at the age of 45, Merleau-Ponty achieved the distinction of being the youngest person ever to be elected the chair of philosophy at the College de France. During the 1950s he was rethinking much of his earlier work. According to Moran (2000), he had become especially interested in the problem of reciprocal relations and communications with others (intersubjectivity). In his last book, *The Visible and the Invisible*, published posthumously, he showed a new interest in ontological questions, such as the 'subject-object question' (Merleau-Ponty, 1964).

Dissatisfied with language that perpetuated dualism and dichotomies, he introduced new terms, such as *intertwining*, which described the inseparability of subject from world, and *chiasm*, which described the 'place in the flesh of the world where the visible flesh also sees, where the tangible flesh also touches, and so on. ... This only happens at the location in this fleshly element where there is a person. The sculpture does not feel or see itself or the other objects in the room around it. ... Thus, perception and sensation are a kind of doubling of the flesh of the world upon itself. One could think of it as the wave when it breaks and curls over. It is the place in the wave where the water touches itself' (Young & Davis, 2001, p. 114). Unfortunately, he did not complete this ambitious undertaking. Before his sudden death in 1961, he had finished only a few chapters of the book, although others were subsequently assembled from his notes. As McBride notes, 'I am sure that Merleau-Ponty's thought would have developed in exciting new directions ... that might well have complemented some of the new directions taken by Sartre during the years in which he outlived his former colleague' (McBride *et al.*, 2001, p. 73). In my searches of the literature, I have not found a cause of death for Merleau-Ponty. The event of his death is tinged with irony, as he collapsed while rereading Descartes in preparation for a class he was to deliver the next day (Priest, 1998). He was only 53.

Key tenets of Merleau-Ponty's philosophy with relevance to nursing

Perception

The nurse researcher who works within the Merleau-Ponty tradition seeks to discover study participants'/patients' perceptions of their lived experience. Merleau-Ponty's philosophy was first and always a phenomenology of perception. He felt that traditional philosophy misunderstood the role of perception in the formation of awareness and experience. It is perception that opens us to reality, providing a direct experience of the events, objects and phenomena of the world. This direct experience is to be contrasted with thinking and language, which deal with ideas and representations of the world (Thomas & Pollio, 2002). All knowledge takes place within the horizons opened up by perception, and all meaning occurs through perception. Perception is learned in an embodied, communal environment. Humans are born into a particular sociohistorical and cultural milieu, and immediately embedded in what Merleau-Ponty called a 'knot of relations' that includes 'all those we have loved, detested, known or simply glimpsed' (Switzer & Davis, 2001, p. 283).

As children grow, they readily absorb the norms and practices of their culture. Because of shared cultural understandings, perception of a given entity cannot be fully understood without knowing something of the specific culture. For example, a Japanese wife may express her anger toward her husband by creating a disorderly flower arrangement. The husband's ability to perceive the symbolic meaning of that flower arrangement is predicated on his understanding of the culturally prescribed, precise way that flowers should be placed in their container and the proscription against direct expression of a disruptive emotion such as anger in Japanese society. An American husband seeing the same flowers would not perceive them in the same way.

Phenomena appear to us as meaningful wholes. But perceived things, according to Merleau-Ponty, are always perceived as having a certain *figure* or *form* against a background (Moran, 2000). To explain this

principle, the familiar black-and-white illustration of the vase and two faces is often used, in which a focus on the white portion reveals the vase and a focus on the black portions on each side reveals two faces confronting one another (Thomas & Pollio, 2002). Similarly, *figure* and *ground* cocreate each other in human experiences: 'There are no figures by themselves: All figural aspects of (perceptual) experience emerge against some ground that serves to delineate its specific experiential form' (Pollio *et al.*, 1997, p. 13). What stands out as figural or focal to a person cannot be fully understood without consideration of many different existential grounds. Thus, we must consider the major grounds: Body, Time, Other People, and World (Thomas & Pollio, 2002). Our research method seeks a complete and careful description of both the figural and background aspects of the phenomenon we are investigating. The emotion of anger, for example, cannot be understood without a grasp of both its relational and cultural context. It is an intense bodily experience as well. It is important to note, however, that the researcher does not use a structured interview protocol to probe for these contexts; instead, the angry person is asked, 'What aspects of the experience stand out to you?'

The interviewee's narrative reveals what is figural to him. The bodily aspects of a phenomenon may compel the attention of some respondents while other aspects of the experience, such as Time or World, may be indistinct or fuzzy. In a study of chronic pain, for example, patients seldom talked about the World (Thomas, 2000). Pain had imprisoned them, creating separation from the world. They used terms such as *locked off*, *roped off* and *caged off* to depict this imprisonment that created distance from other people and the world. As one participant explained, 'I feel like I'm on this island all by myself' (Thomas, 2000, p. 692).

Figure and ground may 'change places' many times during repeated experiences of a phenomenon. In the aforementioned study of chronic pain, searing pain was sometimes figural, obliterating a patient's awareness of everything but the hurting body (Thomas, 2000). On other occasions, the pain receded to a dull ache; although constant, it did not dominate consciousness (i.e. was no longer *figural*). As the body

became 'ground', the individual could emerge from the isolation of the pain, go out into the world and connect with other people again.

Intentionality

The literature indicates some confusion with the term *intentionality* as Merleau-Ponty used it.

What he was referring to was not plans or planning, as in common parlance, but relatedness to the world, the integral interconnectedness between humans and the lifeworld in which attention of humans is always directed toward specific events, objects and phenomena (Thomas & Pollio, 2002). We are never simply passive before the stimuli in the lifeworld. We are engaged 'receptors' of stimuli. All experience takes place in relation to something other than itself. 'Understanding the meaning of some experience requires us to describe the intentional stance (or situated perspective) of the event from the point of view of the experiencing person' (Pollio *et al.*, 1997, p. 8). Thomas & Pollio (2002, p. 14) provide a maxim to help researchers grasp the concept of intentionality: 'What I am aware of reveals what is meaningful to me. If, for example, I enter a room and notice only the furniture, I probably am a very different person from someone else who enters the room and notices only the children, the food, or the artwork.' Drew (2001) recommends that researchers consider our own intentionality (i.e. what we find meaningful, how we are connected to the topics that we study). We accomplish this through the process of bracketing (Thomas & Pollio, 2002), although Merleau-Ponty reminds that it is not possible to completely bracket all of our personal interests, assumptions and presuppositions. Bracketing is an ongoing process throughout the course of a study.

Embodiment

Of Merleau-Ponty's concepts, embodiment has attracted the most attention from nurse scholars. 'Merleau-Ponty is possibly the single philosopher who has done the most to draw our attention to the pervasive importance of embodiment' (Young & Davis, 2001, p. 101). As MacQuarrie (1973, p. 93) notes,

'The reason for the neglect of the body in philosophy lies deep in the tradition of Western thought... From Plato to Descartes and modern idealism, the belief has been that the true self or the real man is somehow within, and that the body is an appendage or a framework of some sort'.

Descartes argued that

'being able to think constitutes our essence;... that the mind is disembodied; and... therefore, that the essence of human beings, that which makes us human, has nothing to do with our bodies' (Lakoff & Johnson, 1999, p. 400).

According to Lakoff & Johnson (1999), these Cartesian tenets influenced not only philosophy but education and popular culture, leading to the dissociation of reason from emotion and the downplaying and devaluing of emotional life. Much of the contemporary anger management literature exhorts readers to employ rational thought to control – even banish – the emotion of anger. Anger is branded as dangerous and irrational, especially for women. If enacted, this advice would require us to ignore the wisdom of the angry body. But anger is generated by significant violations of beliefs, values, or rights. The body's arousal is powerful, a call to movement and to words that will protect one's boundaries and defend one's rights. When silenced, the angry body remains in turmoil. Women in our study used terms such as *simmering*, *stewing* and *fester* to describe the agitation produced by anger. As noted by one research participant, the body hurts when anger is suppressed: 'I can tell if I hold anger for a while... my anger takes the form of stress in my neck... it's hidden but my body knows' (Thomas *et al.*, 1998, p. 315). The suppressed anger builds over time in the body. One woman used the metaphor of 'a big ball' to describe its accumulation: 'It's like you build up so much anger inside... without really sitting down and talking about the problem that it just rolls up into a big ball and you're not even sure what it's really about' (Thomas *et al.*, 1998, p. 316). Study participants described a sense of powerlessness when they did not express their anger but confined it within the body. Our research suggests that instead of stifling anger, women must acknowledge the wisdom of their bodies and act on their anger to achieve conditions of justice and equity (Thomas *et al.*, 1998).

To return to the philosophy of Merleau-Ponty, the human body is not an appendage or a thing in the Cartesian sense. The body is the fundamental category of human existence; it exists before there is thought (Pollio *et al.*, 1997). The body is, of course, the unwavering vantage point of perception. The body, however, not only perceives but also gestures and speaks. It moves through a world of objects that it can use for its various purposes. The body conveys qualities of objects, such as their weight. It gives meaning to the space around itself. As the body grows, the meaning of space becomes modified. What is high for a child is no longer high for an adult.

Of particular relevance to nurses is Merleau-Ponty's distinction between the 'body object', the body of medicine, and the 'lived body' or 'body subject', the body of personal experience. It is not surprising that medical students come to perceive the body as 'object', because they begin learning about it through dissection of cadavers. Watson (1999) relates that one medical school professor actually introduced his students to the human body by writing 'dead mammal' on the blackboard the first day of class. In contrast to this dehumanizing and objectifying stance, Merleau-Ponty reminds us of the sacredness of the body. If we view the body as sacred, 'it [is] impossible for us to treat a face or a body, even a dead body, like a thing. They are sacred entities' (Moran, 2000, p. 415).

When the relationship between body and world is disturbed, a person's existence is profoundly shaken. Merleau-Ponty illustrates this throughout *PP* with accounts of injured, disabled people, such as Schneider, who can no longer organize their world (Merleau-Ponty & Smith, 1945). Schneider, a World War I veteran, is unable to make certain arm movements in the research laboratory because of his wounds. However, he is able to move his arm while doing factory work. Merleau-Ponty takes the reader through a penetrating analysis of this paradox, showing that neither a rationalist nor an empiricist explanation will suffice. Merleau-Ponty's insights about the body are of great significance both to philosophy, which has been slow to devote attention to the body, and to nursing, which has intimate knowledge of the

impaired body but seldom pauses for philosophical reflection about it.

Relationships with other people: the 'knot of relations'

Many existential philosophers seemed to have a rather dark view of humanity, espousing individualism and writing disparagingly of the 'crowd, the herd, the mass' (MacQuarrie, 1973, p. 122). In contrast, Merleau-Ponty saw the benefits of connecting with other people. He reminded us that newborn infants are first orientated toward their mother's face, not toward objects in the world; the first 'objects' the infant sees are smiles (Moran, 2000). Life thereafter is spent in a 'knot' or network of relations. When referring to the Other, Merleau-Ponty used terms such as 'my double' or 'my twin', indicating an egalitarian stance. Unlike Sartre, who saw in the social world the potential for conflict 'epitomized in the sweaty, mundane, empirically describable boxing match' (McBride *et al.*, 2001, p. 82), Merleau-Ponty saw the potential for dialogue, through which persons receive recognition and affirmation. Unlike Heidegger, who warned that other people distract from the pursuit of authentic being, Merleau-Ponty did not see others as impediments, rather as fellow travellers in life's journey (Pollio *et al.*, 1997). He spoke of the intersections of his path, and the path of other people: 'my own and other people's [paths] intersect and engage each other like gears' (Merleau-Ponty, 1945, p. xx). Recently, the daily intersections of nurses and patients have commanded the interest of several members of our phenomenological research team and revealed some surprising – and disturbing – findings.

In one study, hospitalized patients longed for deeper connection with nurses and other caregivers, but more often they experienced disconnectedness. For example, a study participant commented on the timing and irrelevance of questions by a nurse when the participant was in active labour. The nurse, focused on her task of filling in all the blanks on an assessment form, was not attuned to the figural aspect of the patient's experience (her uterine contractions):

She stood on that side at one point during my labour and was asking me questions. And it was like, 'Have you had any stress in your life?' I'm having a baby! I think she meant have you moved recently or changed jobs, blah, blah, blah. It was funny, she would ask me questions, and I would be in the middle of a contraction and I'd say 'Can I answer that in a minute?' (Shattell, 2002, p. 225)

In this interaction between nurse and patient, common ground was not achieved. Dialogue, as described by Merleau-Ponty, did not take place. Merleau-Ponty asserted that 'In the experience of dialogue, there is constituted between the other person and myself a common ground; my thought and his are interwoven into a single fabric. . . . We have here a dual being, where the other is for me no longer a mere bit of behaviour in my transcendental field, nor I in his; we are collaborators for each other in consummate reciprocity. Our perspectives merge into each other, and we coexist through a common world' (Merleau-Ponty, 1945, p. 354).

In contrast to the disconnectedness in the previous vignette, Benner (2001, p. 68) shared an example in which the nurse, despite her patient's initial belligerence, did persist in gaining the patient's trust and engaging her in dialogue:

I was making my rounds. And I walked in and I said, 'Hi, I'm Sue. You must be Ann.' And she said, 'What the hell is it to you? I'm so goddamned mad.' I . . . said, 'Well, why don't you tell me about it?' I knew from the beginning that there was such pain under her vile language – such intensity, almost agony. And I didn't even know her history. I didn't know anything about her . . . and over the next month I found out about the agony and the pain.

These phenomenological studies provide brief but fascinating glimpses of the intersecting paths of nurses and patients. Further studies of the relational aspects of nursing care would be especially timely, given the emphasis on speedy execution of tasks in today's profit-driven health care delivery system. Current nursing literature is replete with articles about weary nurses burning out and frightened patients feeling abandoned. Much remains to be learned about the meaning-laden situations in which nurses and patients meet one another and establish a dialogic connection – or fail to do so.

Time

Earlier, we made reference to the ambiguity of Time in Merleau-Ponty's writings. Time is a subjective experience, not 'a system of objective positions through which we pass but a mobile setting that moves toward and away from us' (Pollio *et al.*, 1997, p. 160). Awareness of time depends on events that happen; events are subjective, not objective (Priest, 1998). Merleau-Ponty spoke of the 'bursting forth' of time – by analogy with a flowering plant bursting from its pod. In much of everyday life, minutes and hours pass mindlessly; Time only periodically bursts into consciousness. For example, a patient hearing a physician pronounce the diagnosis of terminal cancer may have a sudden awareness of the brevity of the life span. From that point on, he may engage in a frantic struggle to 'make the most' of his remaining days or months. He may be acutely aware of the choices and limits inherent in this quantity of time. His focus may shift to a pain-free hour, or a few moments in the sunshine, and it is often the nurse who provides these comforts during the terminal illness. The unit of time most salient to Merleau-Ponty is the present. In a letter to Sartre, he explicated the differences between the two philosophers' views of time: 'You have a facility to construct and inhabit the future that is all yours. I tend to live in the present, leaving it undecidable and open, as it is. . . . My relationship with time happens mostly through the present' (Belay & Davis, 2001, p. 48).

Morality

One can find pervasive references to ambiguity in Merleau-Ponty's work, suggesting that his philosophy could provide no guidance regarding the Truth or the Good. However, he once defined true morality as 'actively being what we are by chance, establishing that communication with others and with ourselves for which our temporal structure gives us the opportunity and of which our liberty is only the rough outline' (Watson & Davis, 2001, p. 201). I find this an astute guide for a moral and meaningful life. I find it directly pertinent to the daily practices of nurses in their local situations, wherever they may be.

I also find a distinctly moral tone in works such as *Humanism and Terror* (Merleau-Ponty, 1947), in which Merleau-Ponty pointed out the hypocrisy of democracy, noting that societies proclaiming respect for autonomy, dignity and property rights 'were themselves created by violent conquests and insurrections . . . and maintained by ongoing violence against exploited classes on foreign soils' (Young & Davis, 2001, p. 129).

Merleau-Ponty deplored all such violence, envisioning a humane social world in which dialogue would take priority over violence (Madison & Davis, 2001). As Madison has pointed out, Merleau-Ponty was an early critic of totalitarianism – two decades before that position became fashionable in France – instead espousing a politics of 'mutual recognition and solidarity [that] was in fact the direct anticipation of the politics of civility championed in our times by Vaclav Havel' (Madison & Davis, 2001, p. 174).

Assessment of Merleau-Ponty's contribution

If one is trying to pin down Merleau-Ponty, the task is much like the proverbial impossibility of nailing down jello. He rejects both historical determinism and absolute freedom. He rejects relativism and dogmatism as well. He rejects both realism and idealism. He tells us that meaning is ambiguous, mixed up with nonmeaning. In his opinion, no amount of investigation can dispel the ambiguity of the mysteries of nature, the world, or God. This stance may create discomfort in nurses who wish to have 'right answers' to their questions. On the other hand, how exciting it can be to thoughtfully consider diverse interpretations of clinical or research data, remaining open to the possibility of truly novel ways of perceiving the familiar. Adherents to the Merleau-Ponty view of human existence must approach the study participant/patient from the humble stance of perpetual learner, not authority figure. With a humility uncharacteristic of academics, Merleau-Ponty referred to himself as the 'philosopher who does not know'. Whereas Husserl wanted to reduce scientific phenomena to their foundational prescientific essence, Merleau-Ponty believed that the original

phenomena lie buried in darkness in such a way that they cannot be brought to light – although we can always erect pointers in the darkness. Our task as nurse researchers, then, is to erect these pointers. Porter (2000) likens the phenomenological researcher to a heliograph, a device for sending messages or signalling by flashing the sun's rays from a mirror. By sending participants' messages to practising nurses, the researcher enables nurses to vicariously experience the lifeworld of patients with conditions such as chronic pain.

Many scholars, both within and outside philosophy, are discovering, or rediscovering, the work of Merleau-Ponty (Priest, 1998; Wilde, 1999; Benner, 2000; Moran, 2000; Davis, 2001). Some speculate that he never received the public attention accorded his contemporaries because of his retiring personality and difficult language (Moran, 2000). Priest (1998, p. 224) judged him to possess 'neither the literary talent nor the political dexterity of Sartre'. Nor does it seem that he exhibited the charisma of Heidegger. Interestingly, given his emphasis on description of lived experience, he remained noncommunicative about his own life, revealing little about himself (Davis, 2001). For a time, his work was unfashionable in French intellectual circles, although now he is viewed more favourably: He is actually considered to have pre-empted some aspects of postmodern thought. Derrida, among others, urges reassessing Merleau-Ponty's work (Davis, 2001).

Perhaps it should not be surprising that it took a while for American scholars to develop appreciation of Merleau-Ponty's work, because of the time lag before many of his writings were translated. By the time *PP* was translated into English in 1962, Merleau-Ponty was already deceased. English translations of other books, such as *Signs*, *Prose of the World* and *The Visible and the Invisible* (Merleau-Ponty & Lingis, 1964; Merleau-Ponty & McCleary, 1964; Merleau-Ponty & Lefort, 1973), appeared even later. Lakoff & Johnson (1999, p. xi), in their recent book *Philosophy in the Flesh*, paid special tribute both to Merleau-Ponty and John Dewey: 'Any book with the words "philosophy" and "flesh" in the title must express its obvious debt' to Maurice Merleau-Ponty . . . For their day, Dewey and Merleau-Ponty

were models of what we will refer to as "empirically responsible philosophers" .

Wilde (1999) noted that scholars from nursing, medicine, anthropology, education, psychology and sociology have been exploring embodiment as a new area for theory development. She predicted that phenomenological nursing research will reveal the embodied practices that enable the chronically ill to surmount the challenges of living with limitations and assistive technologies. I believe this potential already has been demonstrated in Wilde's (1999) study of individuals requiring long-term urinary catheterization and in recent phenomenological studies of ventilator-dependent children (Sarvey, 2001) and patients whose bodies have incorporated implanted defibrillators (Krau, 2002). In their day-by-day navigation of the lifeworld, such patients have acquired valuable knowledge and innovative skills for coping. As we tap the wisdom of their bodies, by asking them to describe their everyday embodied existence, we can generate new middle-range theories and nursing interventions to help other chronically ill patients manage their conditions (Wilde, 1999). Likewise, phenomenological studies of emotions such as anger are revealing the intelligence of emotions, thereby mandating a new stance on traditional therapeutic approaches that seek to medicate or banish them.

Conclusion

In writing this paper, I was once again reminded of the truth of Merleau-Ponty's observation that 'writers experience the excess of what is to be said beyond their ordinary capacities' (Merleau-Ponty, 1973, p. 57).

A sense of urgency drove me to put these words on paper at a time when my understanding is still incomplete. But, of course, my understanding will always be incomplete. I urge others to join the rejuvenated dialogue about the work of Maurice Merleau-Ponty. Clearly, I believe that the ideas of Merleau-Ponty have abundant potential to advance nursing research. But phenomenology is not just for researchers. I believe that all nurses can practise it as 'a manner or style of thinking' (Merleau-Ponty & Smith, 1945, p. viii), learning to listen to patient concerns in a new

way, alert to what is figural in the perceptions of their patients yet ever-mindful of their embeddedness in a particular sociocultural context. Being invited by a nurse to tell one's story surely benefits the patient, who often feels lost and alone in the juggernaut of the health care assembly line. Hearing the story enriches the nurse as well, filling him or her with awe regarding both the particularistic and the universal dimensions of human lived experiences of health and illness. I find that phenomenology is transformational for those who practise it.

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